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PTO/SB/01 (10-00)

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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	ORT1451
		First Named Inventor	Alexey B. Dyatkin
		COMPLETE IF KNOWN	
		Application Number	TBD
		Filing Date	June 26, 2001
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Aza-Bridged Bicyclic Amino Acid Derivatives as Alpha4 Integrin Antagonist
(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number
 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/215,695	June 30, 2000	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented
		Patented
		Patented

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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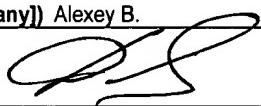
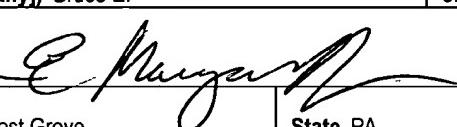
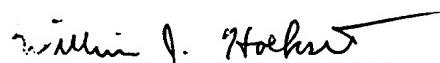
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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Alexey B. 		Family Name or Surname Dyatkin	
Inventor's Signature	Date <i>oct 17/2001</i>		
Residence: City Maple Glen	State PA	Country USA	Citizenship Russian Federation
Mailing Address 504 Dogwood Drive			
City Maple Glen	State PA	ZIP 19002	Country USA
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Bruce E. 		Family Name or Surname Maryanoff	
Inventor's Signature	Date <i>16 Oct 01</i>		
Residence: City Forest Grove	State PA	Country USA	Citizenship USA
Mailing Address 4029 Devonshire Drive			
City Forest Grove	State PA	ZIP 18922	Country USA
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NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) William J. 		Family Name or Surname Hoekstra	
Inventor's Signature	Date <i>2 July 01</i>		
Residence: City Chapel Hill	State NC	Country USA	Citizenship USA
Mailing Address 104 San Miguel Place			
City Chapel Hill	State NC	ZIP 27514	Country USA

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NAME OF SOLE OR FOURTH INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Wei	Family Name or Surname He		
Inventor's Signature			Date 10/17/2001
Residence: City Hillsborough	AUDUBON	State NJ PA	Country USA
Mailing Address 23 Cromel Road 2002 KESTRAL CIRCLE			
City Hillsborough	AUGUBON	State NJ PA	ZIP 08844-19403 Country USA
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NAME OF FIFTH INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) William A.	Family Name or Surname Kinney		
Inventor's Signature William A. Kinney			Date October 17, 2001
Residence: City Newtown	State PA	Country USA	Citizenship USA
Mailing Address 16 Thompson Mill Road			
City Newtown	State PA	ZIP 18940	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			